

**MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700**

APPLICATION FOR MEMBERSHIP

FOR RETIREMENT USE ONLY

FORM 001 (REV. 9/10)

IMPORTANT: PLEASE PRINT CLEARLY AND READ THE INSTRUCTIONS FIRST.

APPLICANT'S SOCIAL SECURITY NUMBER --
 GENDER (M or F)
 DATE OF BIRTH / /
 Month Day Year

APPLICANT'S NAME
 Initial Last

First HOME ADDRESS

Number and Street

City State Zip Code -
--

Home Phone Number

1. Have you ever been a member of the Maryland State Retirement and Pension System? Yes No
2. Have you ever been a member of the Optional Retirement Plan (ORP)? Yes No
3. Are you presently receiving a retirement allowance from the Maryland State Retirement and Pension System? Yes No
4. Are you presently a member of another State or local retirement or pension system operated under the laws of Maryland or any political subdivision of Maryland? Yes No
IMPORTANT: If yes, read carefully the transfer provisions on the back of this form and then initial here: _____.
5. Have you attached acceptable proof of birth date as described on the back of this form? Yes No

I certify that all statements made on this application are correct. I authorize any required deductions from my salary at the prescribed rate. And if I am presently a member of another State or local retirement or pension system, I have read and understand the transfer provisions.

Complete Signature _____

Date Signed _____

RETIREMENT COORDINATOR COMPLETES THIS SECTION

- A. IS THE APPLICANT A PERMANENT EMPLOYEE? Yes No
 If part-time, what percentage of time is the applicant employed? percent
- B. When did applicant begin present continuous service? Month _____ Day _____ Year _____
- C. What is the applicant's complete job classification or title? _____
- D. Is applicant's current position Optional Retirement Plan (ORP) eligible? Yes No
 If yes and the applicant checked "Yes" to question 2 above, STOP and complete Form 60 *Election Not to Participate in the Teachers'/Employees' System by Faculty or Administrative Officers of Institutions of Higher Learning.*
- E. What is the applicant's annual salary? \$ _____ What is the applicant's annual standard hours? _____
- F. If applying for membership in the Law Enforcement Officers' Pension System, does the applicant meet the eligibility requirements? Yes No
- G. Number of pay periods reported per year _____

INDICATE SYSTEM: Teachers' Pension Employees' Pension Correctional Officers' Retirement
 State Police Retirement Law Enforcement Officers' Pension

EMPLOYING AGENCY CODE
 # OF RETIREMENT CONTRIBUTIONS DEDUCTED PER YEAR
 SYSTEM

FOR RETIREMENT USE ONLY
/ /
 MO DAY YEAR
 ENTRANCE DATE

RETIREMENT COORDINATOR SIGNATURE _____

DATE _____

TELEPHONE # _____

PLEASE READ CAREFULLY BEFORE FILLING OUT FORM

Designation of Beneficiary (Form 4) should be completed and submitted with this *Application for Membership* (Form 1).

Purpose of this form:

This form is your application for membership in the Maryland State Retirement and Pension System. If you were previously enrolled in the Optional Retirement Plan (ORP) and are currently working in an ORP-eligible position, you may not join the Maryland State Retirement and Pension System. When complete, keep a copy for your records. Send the original to your Retirement Coordinator with proof of your birth date. Submission of this form and supporting documents is not a prerequisite for membership but is required for proper enrollment and reporting.

Acceptable Proof of Birth Date

Attach a visible and readable photocopy of one of the following as proof of your birth date:

- Birth Certificate
- Valid Driver's License
- United States passport
- Naturalization records
- Maryland identification card



Are you presently a member of another State or local retirement or pension system operated under the laws of Maryland or any political subdivision of Maryland? If so, the following information may affect your future benefit:

Transfer Provisions for Service Credit Earned in Another Maryland State or Maryland Local Retirement or Pension System

This provision addresses the situation involving a change in employment, which necessitates a membership change in a retirement or pension system. Previous membership may be in a retirement or pension system administered by the State Retirement Agency or by a political subdivision within Maryland.

To qualify for the transfer of service credit, your employment must be continuous and you must apply to transfer the qualified credit within one year of becoming a member of your new retirement or pension system. Continuous employment as a requirement for transfer means that you changed jobs **without** having a break in employment.

It is important to remember that any transfer of service credit must be done within one year after becoming a member of your new system. The employee contribution requirements of your new retirement or pension system determine the amount of employee contributions with interest needed to accompany the transfer of service. Inadequate employee contributions will result in a contribution deficiency on your account.

To transfer credit in another Maryland State Retirement and Pension System (SRPS) system complete a *Request to Transfer* (Form 37). To transfer credit earned outside of SRPS, you must complete a *Request to Purchase Previous Service* (Form 26). All forms can be obtained from your Retirement Coordinator or from the SRPS Web site at www.sra.state.md.us.

Need Help?

If you need help to complete this form or clarification, please call a Retirement Benefits Specialist at 410-625-5555 (local) or 1-800-492-5909.